



Date of Completion: \_\_\_\_\_

**Client Information**

<b>Client Name (1)</b>	_____	<b>Client Name (2)</b>	_____
Home Address	_____	Home Address	_____
City, State, ZIP	_____	City, State, ZIP	_____
Home Phone	(    ) - _____	Home Phone	(    ) - _____
Work Phone	(    ) - _____	Work Phone	(    ) - _____
Mobile Phone	(    ) - _____	Mobile Phone	(    ) - _____
Fax (Hm or Wk)	(    ) - _____	Fax (Hm or Wk)	(    ) - _____
E-mail	_____	E-mail	_____
Date of Birth	_____	Date of Birth	_____
Primary Contact Person during business hours?	_____		
Contact me/us by (circle one)	E-mail or Phone		

**Family Members** (please list children and other dependants)

Name	Relationship	Date of Birth	Dependant	Resides (City & State)
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____
_____	_____	/ /	Y N	_____

*Confidential Questionnaire*

**Employment**

<b>Client Employer (1)</b> _____	<b>Client Employer (2)</b> _____
Title/Job _____	Title/Job _____
Number of years with this employer? _____	Number of years with this employer? _____
Anticipated employment changes? _____	Anticipated employment changes? _____
When do you plan to retire? _____	When do you plan to retire? _____
Salary _____	Salary _____
Self Employment Income _____	Self Employment Income _____
Bonus/Commissions _____	Bonus/Commissions _____
Other Earned Income _____	Other Earned Income _____
<b>TOTAL (Current Year) =</b> _____	<b>TOTAL (Current Year) =</b> _____



## Confidential Questionnaire, Continued

### Advisor Relationships

Where applicable, rate your working relationships with each of the following advisors:

<u>Advisor</u>	<u>Satisfaction Rating</u>					Not Applicable
	1 = Dissatisfied		5 = Very Satisfied			
	1	2	3	4	5	
Financial Planner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Preparer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Agent (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Agent (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Insurance

	<u>Client (1) Coverage</u>		<u>Group</u>	<u>Individual</u>	<u>Client (2) Coverage</u>		<u>Group</u>	<u>Individual</u>
Health	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
Life	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
Life	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
Life	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for Insurance?  Yes  No

### Assets

(If you have this information in a format of your own design, please feel free to omit this section and attach necessary documentation.)

#### Bank Accounts

Checking (C), Savings (S), or Money (MM)

<u>Bank Name</u>		<u>Ownership</u>	<u>Avg. Balance</u>
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	_____	\$ _____
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	_____	\$ _____
_____	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> MM	_____	\$ _____

#### CDs

<u>Institution</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Avg. Balance</u>
_____	_____ %	____ / ____ / ____	_____	\$ _____
_____	_____ %	____ / ____ / ____	_____	\$ _____
_____	_____ %	____ / ____ / ____	_____	\$ _____

**Confidential Questionnaire, Continued**

**Assets, continued**

**Do you have a pension?**     Yes     No  
 If yes, estimated monthly benefit is \$ \_\_\_\_\_ at age \_\_\_\_\_. COLA?     Yes     No

<b>Personal Property</b>	<b>Estimated Value</b>
Primary Residence	_____
Furnishings (Liquidation Value)	_____
Vehicle _____	_____
Vehicle _____	_____
Other _____	_____
Other _____	_____

**Attach a copy of your most current brokerage, mutual fund and retirement statements.**

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided: \_\_\_\_\_

\_\_\_\_\_

**Personal Liabilities**

<b><u>Credit Cards</u></b>	<b><u>Interest Rate</u></b>	<b><u>Avg. Monthly Payment*</u></b>	<b><u>Current Balance</u></b>
_____	%	\$ _____	\$ _____
_____	%	\$ _____	\$ _____
_____	%	\$ _____	\$ _____

(\*If not paid in full each month)

<b><u>Debts</u></b> (Residence, Auto, Business, School)	<b><u>Term</u></b>	<b><u>Interest Rate</u></b>	<b><u>Payment</u></b>	<b><u>Approximate Balance</u></b>
_____	_____	%	\$ _____	\$ _____
_____	_____	%	\$ _____	\$ _____
_____	_____	%	\$ _____	\$ _____
_____	_____	%	\$ _____	\$ _____

**Have you received a copy of your credit report recently?**     Yes     No

**Please comment on the advice you seek.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Confidential Questionnaire, Continued**

### **Additional Information**

**These items, as well as others, may be needed should you engage our services:**

- Prior year tax return
- Brokerage account statements
- Trust account statements
- Retirement plan account statements
- Loan documents
- Paycheck stubs
- Mutual Fund account statements
- Employee Benefits booklet
- Legal documents
- Insurance policies

**For your financial consultation,**

- if you will be coming to our office, please bring this completed form with you.
- if we will be teleconferencing with you, please keep a copy of your completed form AND send us a copy at:

**Resonant Insight** Advisory LLC  
1719 Paisley Blue Ct  
Vienna, VA 22182  
Phone: (703) 242-5702

OR E-mail: [brs@soundadvice.us.com](mailto:brs@soundadvice.us.com)

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